

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

| | | |
|--|---|--|
| 1. (a) Name of Individual, Organization or Corporation WISCONSIN FAMILY ACTION INC | | 3. FEC Identification Number C C90013947 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 222 S HAMILTON ST STE 24 | | |
| (c) City, State and ZIP Code MADISON WI 53703 | | |
| 2. Corporate filers only | Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Individual filers only | Name of Employer | Occupation |

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

/ /

THROUGH

/ /

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

| | | |
|---|-------------------------------|-------------|
| TYPE OR PRINT NAME OF PERSON COMPLETING FORM | SIGNATURE | DATE |
| JUDITH BRANT | JUDITH BRANT | 11/01/2012 |
| | <i>[Electronically Filed]</i> | |

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)
WISCONSIN FAMILY ACTION INC

| | | | | | |
|--|-------------|-------------------|--|--|--|
| A. Full Name (Last, First, Middle Initial) FLORIDA FAMILY ACTION | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012 | | |
| Mailing Address 4853 S ORANGE AVE | | | Transaction ID : F56.000001 | | |
| City ORLANDO | State FL | Zip Code 32806 | Amount of Each Receipt this Period 1066.49 | | |
| FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer | | | Occupation | | |

| | | | | | |
|--|-------|----------|--|--|--|
| B. Full Name (Last, First, Middle Initial) | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y | | |
| Mailing Address | | | | | |
| City | State | Zip Code | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer | | | Occupation | | |

| | | | | | |
|--|-------|----------|--|--|--|
| C. Full Name (Last, First, Middle Initial) | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y | | |
| Mailing Address | | | | | |
| City | State | Zip Code | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer | | | Occupation | | |

| | | | | | |
|--|-------|----------|--|--|--|
| D. Full Name (Last, First, Middle Initial) | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y | | |
| Mailing Address | | | | | |
| City | State | Zip Code | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer | | | Occupation | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1066.49 |
| TOTAL This Period (last page carry total to Line 6) ▶ | 1066.49 |

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
WISCONSIN FAMILY ACTION INC

| | | |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee ANGLER, LLC | | Date MM / DD / YYYY 11 / 01 / 2012 |
| Mailing Address 1100 G ST NW SUITE 805 | | Amount 301.19 Transaction ID : F57.000001 |
| City WASHINGTON | State DC | |
| Zip Code 20005 | | |
| Purpose of Expenditure ADVERTISING: LIVE PHONE CALLS | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought .00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ |

| | | |
|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) of Payee ANGLER, LLC | | Date MM / DD / YYYY 11 / 01 / 2012 |
| Mailing Address 1100 G ST NW SUITE 805 | | Amount 301.19 Transaction ID : F57.000002 |
| City WASHINGTON | State DC | |
| Zip Code 20005 | | |
| Purpose of Expenditure ADVERTISING: LIVE PHONE CALLS | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY THOMPSON | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought .00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ |

| | | |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee FLORIDA FAMILY ACTION | | Date MM / DD / YYYY 10 / 31 / 2012 |
| Mailing Address 4853 S ORANGE AVE | | Amount 533.24 Transaction ID : F57.000003 |
| City ORLANDO | State FL | |
| Zip Code 32806 | | |
| Purpose of Expenditure ADVERTISING: PERSONNEL FOR LIVE PHONE CALLS-IN KIND | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought .00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ |

| | | |
|---|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 1135.62 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | |
| (carry total from last page forward to Line 7) | | |

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
WISCONSIN FAMILY ACTION INC

| | | |
|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) of Payee FLORIDA FAMILY ACTION | | Date MM / DD / YYYY 10 / 31 / 2012 |
| Mailing Address 4853 S ORANGE AVE | | Amount 533.25 Transaction ID : F57.000004 |
| City ORLANDO | State FL | |
| Purpose of Expenditure ADVERTISING: PERSONNEL FOR LIVE PHONE CALLS-IN KIND | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY THOMPSON | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought _____ .00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | | |
|--|-------------------|---|
| Full Name (Last, First, Middle Initial) of Payee | | Date MM / DD / YYYY |
| Mailing Address | | Amount _____ |
| City | State | |
| Purpose of Expenditure | Category/ Type | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought _____ | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | | |
|--|-------------------|---|
| Full Name (Last, First, Middle Initial) of Payee | | Date MM / DD / YYYY |
| Mailing Address | | Amount _____ |
| City | State | |
| Purpose of Expenditure | Category/ Type | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought _____ | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | |
|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 533.25 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | _____ |
| (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) | 1668.87 |